Form **5500**

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089

2002

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A This return/report is for:
- (1) [ ] a multiemployer plan;
- (2) [X] a single-employer plan (other than a multiple-employer plan);
- (3) [ ] a multiple-employer plan; or
- (4) [ ] a DFE (specify) ________

B This return/report is:
- (1) [ ] the first return/report filed for the plan;
- (2) [ ] an amended return/report;
- (3) [ ] the final return/report filed for the plan;
- (4) [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ▶ [ ]

D If filing under an extension of time or the DFVC program, check box and attach required information (see instructions) ▶ [X]

Part II Basic Plan Information — enter all requested information.

1a Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan (mo., day, yr.) 07/01/1966

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
BECHTEL BWXT IDAHO, LLC

PO BOX 1625

IDAHO FALLS ID 83415-3200

2b Employer Identification Number (EIN) 94-3323797

2c Sponsor's telephone number 208-526-0066

2d Business code (see instructions) 541990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE Candace Wilkinson 5-6-04 CANDACE F. WILKINSON
Signature of plan administrator | Date | Type or print name of individual signing as plan administrator

SIGN HERE Candace Wilkinson 5-6-04 CANDACE F. WILKINSON
Signature of employer/plan sponsor/DFE | Date | Type or print name of individual signing as employer, plan sponsor or DFE

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3a Plan administrator's name and address (If same as plan sponsor, enter "Same") SAME	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:	b EIN
a Sponsor's name	c PN
5 Preparer information (optional) a Name (including firm name, if applicable) and address	b EIN
	c Telephone number

6 Total number of participants at the beginning of the plan year	6	6189
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	7a	4613
b Retired or separated participants receiving benefits	7b	167
c Other retired or separated participants entitled to future benefits	7c	1338
d Subtotal. Add lines 7a, 7b, and 7c	7d	6118
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	4
f Total. Add lines 7d and 7e	7f	6122
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	6092
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	27
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	276

8 Benefits provided under the plan (complete 8a and 8b as applicable)

a [X] Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2J 2K

b [ ] Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) [X] Insurance	(1) [X] Insurance
(2) [ ] Code section 412(i) insurance contracts	(2) [ ] Code section 412(i) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

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10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

(1)	X		R	(Retirement Plan Information)
(2)	X	1	T	(Qualified Pension Plan Coverage Information)

If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year .... ▶ ______

(3)	☐		B	(Actuarial Information)
(4)	☐		E	(ESOP Annual Information)
(5)	X		SSA	(Separated Vested Participant Information)

b Financial Schedules

(1)	X		H	(Financial Information)
(2)	☐		I	(Financial Information -- Small Plan)
(3)	X	20	A	(Insurance Information)
(4)	X		C	(Service Provider Information)
(5)	☐		D	(DFE/Participating Plan Information)
(6)	☐		G	(Financial Transaction Schedules)
(7)	X	1	P	(Trust Fiduciary Information)

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SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number**
94-3323797

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

AIG FINANCIAL PRODUCTS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
13-3389410	00000	336915(1)	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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Part II **Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	
	Specify nature of costs ▶	
e	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐	

6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶		
b	Balance at the end of the previous year		24637076
c	Additions: (1) Contributions deposited during the year	3000000	
	(2) Dividends and credits		
	(3) Interest credited during the year	1242726	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		4242726
d	Total of balance and additions (add b and c)		28879802
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶		
	(5) Total deductions		0
f	Balance at the end of the current year (subtract e (5) from d)		28879802

Official Use Only

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)	b ☐ Dental	c ☐ Vision	d ☐ Life Insurance
e ☐ Temporary disability (accident and sickness)	f ☐ Long-term disability	g ☐ Supplemental unemployment	h ☐ Prescription drug
i ☐ Stop loss (large deductible)	j ☐ HMO contract	k ☐ PPO contract	l ☐ Indemnity contract
m ☐ Other (specify) ▶			

8 Experience-rated contracts

a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) –		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	

Specify nature of costs ▶

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SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 and ending 09/30/2003

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number** 94-3323797

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

AIG LIFE GIC

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	Policy or contract year **(g)** To
04-1867050	00000	18325	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

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Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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Official Use Only

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end		
4	Current value of plan's interest under this contract in separate accounts at year end		

5 Contracts With Allocated Funds

a State the basis of premium rates ▶

b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	

Specify nature of costs ▶

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶

b	Balance at the end of the previous year		8525198
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year	433417	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		433417
d	Total of balance and additions (add b and c)		8958615
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶ INTEREST AND PRINCIPAL PAYMENT	5901621	
	(5) Total deductions		5901621
f	Balance at the end of the current year (subtract e (5) from d)		3056994

0 6 0 2 3 0 0 3 0 E

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- a ☐ Health (other than dental or vision)
- b ☐ Dental
- c ☐ Vision
- d ☐ Life Insurance
- e ☐ Temporary disability (accident and sickness)
- f ☐ Long-term disability
- g ☐ Supplemental unemployment
- h ☐ Prescription drug
- i ☐ Stop loss (large deductible)
- j ☐ HMO contract
- k ☐ PPO contract
- l ☐ Indemnity contract
- m ☐ Other (specify) ▶

8 Experience-rated contracts		
a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) –		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
9 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier		
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		

Specify nature of costs ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number** 94-3323797

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

BANK OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
56-0906609	00000	03029(1)	3536	03/13/2003	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II **Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end		
4	Current value of plan's interest under this contract in separate accounts at year end		

5 Contracts With Allocated Funds

a State the basis of premium rates ▶

b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	

Specify nature of costs ▶

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other (specify below)
▶

b	Balance at the end of the previous year		0
c	Additions: (1) Contributions deposited during the year	5500000	
	(2) Dividends and credits		
	(3) Interest credited during the year	115663	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶INITIAL FUNDING	3000000	
	(6) Total additions		8615663
d	Total of balance and additions (add b and c)		8615663
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶		
	(5) Total deductions		0
f	Balance at the end of the current year (subtract e (5) from d)		8615663

0 6 0 2 3 0 0 3 0 E

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) b ☐ Dental c ☐ Vision d ☐ Life Insurance
e ☐ Temporary disability (accident and sickness) f ☐ Long-term disability g ☐ Supplemental unemployment h ☐ Prescription drug
i ☐ Stop loss (large deductible) j ☐ HMO contract k ☐ PPO contract l ☐ Indemnity contract
m ☐ Other (specify) ▶

8 Experience-rated contracts		
a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
9 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier		
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		

Specify nature of costs ▶

0 6 0 2 3 0 0 4 0 F

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL	B Three-digit plan number ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	D **Employer Identification Number** 94-3323797

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

BAYERISCHE LANDESBANK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
13-3029393	00000	99020A	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

0 6 0 2 3 0 0 2 0 D

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end		
4	Current value of plan's interest under this contract in separate accounts at year end		
5	Contracts With Allocated Funds		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier		
c	Premiums due but unpaid at the end of the year		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount		
	Specify nature of costs ▶		
e	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶		
b	Balance at the end of the previous year		6126308
c	Additions: (1) Contributions deposited during the year	390363	
	(2) Dividends and credits		
	(3) Interest credited during the year	401293	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		791656
d	Total of balance and additions (add b and c)		6917964
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶ INTEREST AND PRINCIPAL PAYMENT	3646440	
	(5) Total deductions		3646440
f	Balance at the end of the current year (subtract e (5) from d)		3271524

0 6 0 2 3 0 0 0 3 0 E

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)	b ☐ Dental	c ☐ Vision	d ☐ Life Insurance
e ☐ Temporary disability (accident and sickness)	f ☐ Long-term disability	g ☐ Supplemental unemployment	h ☐ Prescription drug
i ☐ Stop loss (large deductible)	j ☐ HMO contract	k ☐ PPO contract	l ☐ Indemnity contract
m ☐ Other (specify) ▶			

8 Experience-rated contracts

a Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) - (3))

b Benefit charges: (1) Claims paid

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2))

(4) Claims charged

c Remainder of premium: (1) Retention charges (on an accrual basis) –

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number** 94-3323797

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

CDC CAPITAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
13-3995170	00000	400-01	0	10/01/2002	01/31/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

0 6 0 2 3 0 0 2 0 D

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	

5 Contracts With Allocated Funds

a State the basis of premium rates ▶

b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	

Specify nature of costs ▶

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other (specify below)
▶

b	Balance at the end of the previous year		3532073
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year	40655	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		40655
d	Total of balance and additions (add b and c)		3572728
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶MATURITY PAYMENT	3572728	
	(5) Total deductions		3572728
f	Balance at the end of the current year (subtract e (5) from d)		0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) b ☐ Dental c ☐ Vision d ☐ Life Insurance
e ☐ Temporary disability (accident and sickness) f ☐ Long-term disability g ☐ Supplemental unemployment h ☐ Prescription drug
i ☐ Stop loss (large deductible) j ☐ HMO contract k ☐ PPO contract l ☐ Indemnity contract
m ☐ Other (specify) ►

8 Experience-rated contracts		
a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
9 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier		
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		

Specify nature of costs ►

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number**
94-3323797

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

CDC CAPITAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
13-3995170	00000	400-02	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

0 6 0 2 3 0 0 2 0 D

Official Use Only

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3 Current value of plan's interest under this contract in the general account at year end		
4 Current value of plan's interest under this contract in separate accounts at year end		

5 Contracts With Allocated Funds

a State the basis of premium rates ▶

b Premiums paid to carrier		
c Premiums due but unpaid at the end of the year		
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount		

Specify nature of costs ▶

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other (specify below)
▶

b Balance at the end of the previous year		5042639
c Additions: (1) Contributions deposited during the year		
(2) Dividends and credits		
(3) Interest credited during the year	339793	
(4) Transferred from separate account		
(5) Other (specify below) ▶		
(6) Total additions		339793
d Total of balance and additions (add b and c)		5382432
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier		
(3) Transferred to separate account		
(4) Other (specify below) ▶ INTEREST AND PRINCIPAL PAYMENT	339793	
(5) Total deductions		339793
f Balance at the end of the current year (subtract e (5) from d)		5042639

0 6 0 2 3 0 0 3 0 E

Official Use Only

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) b ☐ Dental c ☐ Vision d ☐ Life Insurance
e ☐ Temporary disability (accident and sickness) f ☐ Long-term disability g ☐ Supplemental unemployment h ☐ Prescription drug
i ☐ Stop loss (large deductible) j ☐ HMO contract k ☐ PPO contract l ☐ Indemnity contract
m ☐ Other (specify) ▶

8 Experience-rated contracts

a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	

Specify nature of costs ▶

0 6 0 2 3 0 0 4 0 F

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL	B Three-digit plan number ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	D **Employer Identification Number** 94-3323797

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

CDC CAPITAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
13-3995170	00000	1400-01(2)	3536	05/30/2003	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

0 6 0 2 3 0 0 2 0 D

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end		
4	Current value of plan's interest under this contract in separate accounts at year end		
5	Contracts With Allocated Funds		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier		
c	Premiums due but unpaid at the end of the year		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount		
	Specify nature of costs ▶		
e	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶		
b	Balance at the end of the previous year		15646462
c	Additions: (1) Contributions deposited during the year	17300000	
	(2) Dividends and credits		
	(3) Interest credited during the year	985397	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		18285397
d	Total of balance and additions (add b and c)		33931859
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶		
	(5) Total deductions		0
f	Balance at the end of the current year (subtract e (5) from d)		33931859

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) b ☐ Dental c ☐ Vision d ☐ Life insurance
e ☐ Temporary disability (accident and sickness) f ☐ Long-term disability g ☐ Supplemental unemployment h ☐ Prescription drug
i ☐ Stop loss (large deductible) j ☐ HMO contract k ☐ PPO contract l ☐ Indemnity contract
m ☐ Other (specify) ▶

8 Experience-rated contracts

a Premiums: (1) Amount received
(2) Increase (decrease) in amount due but unpaid
(3) Increase (decrease) in unearned premium reserve
(4) Earned ((1) + (2) - (3))

b Benefit charges: (1) Claims paid
(2) Increase (decrease) in claim reserves
(3) Incurred claims (add (1) and (2))
(4) Claims charged

c Remainder of premium: (1) Retention charges (on an accrual basis) --
(A) Commissions
(B) Administrative service or other fees
(C) Other specific acquisition costs
(D) Other expenses
(E) Taxes
(F) Charges for risks or other contingencies
(G) Other retention charges
(H) Total retention
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement
(2) Claim reserves
(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number** 94-3323797

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

GE LIFE AND ANNUITY ASSURANCE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	Policy or contract year **(g)** To
54-0283385	65536	GS-3694	3536	01/31/2003	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

Official Use Only

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end		
4	Current value of plan's interest under this contract in separate accounts at year end		
5	Contracts With Allocated Funds		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier		
c	Premiums due but unpaid at the end of the year		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount		
	Specify nature of costs ▶		
e	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶		
b	Balance at the end of the previous year		4142274
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year	223268	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		223268
d	Total of balance and additions (add **b** and **c**)		4365542
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶		
	(5) Total deductions		0
f	Balance at the end of the current year (subtract **e (5)** from **d**)		4365542

0 6 0 2 3 0 0 3 0 E

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) b ☐ Dental c ☐ Vision d ☐ Life Insurance
e ☐ Temporary disability (accident and sickness) f ☐ Long-term disability g ☐ Supplemental unemployment h ☐ Prescription drug
i ☐ Stop loss (large deductible) j ☐ HMO contract k ☐ PPO contract l ☐ Indemnity contract
m ☐ Other (specify) ►

8 Experience-rated contracts

a Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) - (3))

b Benefit charges: (1) Claims paid

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2))

(4) Claims charged

c Remainder of premium: (1) Retention charges (on an accrual basis) --

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ►

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number** 94-3323797

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
04-1414660	65099	14631	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	

5 Contracts With Allocated Funds

a	State the basis of premium rates ▶	
b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	
	Specify nature of costs ▶	

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶

b	Balance at the end of the previous year		6144852
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year	406789	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		406789
d	Total of balance and additions (add b and c)		6551641
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶		
	(5) Total deductions		0
f	Balance at the end of the current year (subtract e (5) from d)		6551641

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) b ☐ Dental c ☐ Vision d ☐ Life Insurance
e ☐ Temporary disability (accident and sickness) f ☐ Long-term disability g ☐ Supplemental unemployment h ☐ Prescription drug
i ☐ Stop loss (large deductible) j ☐ HMO contract k ☐ PPO contract l ☐ Indemnity contract
m ☐ Other (specify) ▶

8 Experience-rated contracts

a Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) - (3))

b Benefit charges: (1) Claims paid

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2))

(4) Claims charged

c Remainder of premium: (1) Retention charges (on an accrual basis) –

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶

SCHEDULE A (Form 5500)	Insurance Information	Official Use Only
Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974. ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 **2002** **This Form is Open to Public Inspection**

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL	B Three-digit plan number ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	D **Employer Identification Number** 94-3323797

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
04-1414660	65099	15174	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

Official Use Only

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end		
4	Current value of plan's interest under this contract in separate accounts at year end		
5	Contracts With Allocated Funds		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier		
c	Premiums due but unpaid at the end of the year		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount		
	Specify nature of costs ▶		
e	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶		
b	Balance at the end of the previous year		5437923
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year	311594	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		311594
d	Total of balance and additions (add b and c)		5749517
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶		
	(5) Total deductions		0
f	Balance at the end of the current year (subtract e (5) from d)		5749517

0 6 0 2 3 0 0 3 0 E

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- a ☐ Health (other than dental or vision)
- b ☐ Dental
- c ☐ Vision
- d ☐ Life Insurance
- e ☐ Temporary disability (accident and sickness)
- f ☐ Long-term disability
- g ☐ Supplemental unemployment
- h ☐ Prescription drug
- i ☐ Stop loss (large deductible)
- j ☐ HMO contract
- k ☐ PPO contract
- l ☐ Indemnity contract
- m ☐ Other (specify) ►

8 Experience-rated contracts

a Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) - (3))

b Benefit charges: (1) Claims paid

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2))

(4) Claims charged

c Remainder of premium: (1) Retention charges (on an accrual basis) --

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ►

Official Use Only

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number** 94-3323797

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
13-5581829	65978	25354	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	

5 Contracts With Allocated Funds

a	State the basis of premium rates ▶	
b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	
	Specify nature of costs ▶	

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶

b	Balance at the end of the previous year		19837481
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year	1303422	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		1303422
d	Total of balance and additions (add b and c)		21140903
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶ PRINCIPAL PAYMENT	4164424	
	(5) Total deductions		4164424
f	Balance at the end of the current year (subtract e (5) from d)		16976479

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- a ☐ Health (other than dental or vision)
- b ☐ Dental
- c ☐ Vision
- d ☐ Life insurance
- e ☐ Temporary disability (accident and sickness)
- f ☐ Long-term disability
- g ☐ Supplemental unemployment
- h ☐ Prescription drug
- i ☐ Stop loss (large deductible)
- j ☐ HMO contract
- k ☐ PPO contract
- l ☐ Indemnity contract
- m ☐ Other (specify) ▶

8 Experience-rated contracts

a Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) - (3))

b Benefit charges: (1) Claims paid

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2))

(4) Claims charged

c Remainder of premium: (1) Retention charges (on an accrual basis) –

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number**
94-3323797

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

MORGAN GUARANTY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
13-3224016	00000	01(2)	3536	11/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3 Current value of plan's interest under this contract in the general account at year end		
4 Current value of plan's interest under this contract in separate accounts at year end		

5 Contracts With Allocated Funds

a State the basis of premium rates ▶		
b Premiums paid to carrier		
c Premiums due but unpaid at the end of the year		
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount		

Specify nature of costs ▶

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other (specify below)

▶

b Balance at the end of the previous year		5199785
c Additions: (1) Contributions deposited during the year		
(2) Dividends and credits		
(3) Interest credited during the year	222275	
(4) Transferred from separate account		
(5) Other (specify below) ▶		
(6) Total additions		222275
d Total of balance and additions (add b and c)		5422060
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier		
(3) Transferred to separate account		
(4) Other (specify below) ▶		
(5) Total deductions		0
f Balance at the end of the current year (subtract e (5) from d)		5422060

0 6 0 2 3 0 0 0 3 0 E

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)	b ☐ Dental	c ☐ Vision	d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)	f ☐ Long-term disability	g ☐ Supplemental unemployment	h ☐ Prescription drug
i ☐ Stop loss (large deductible)	j ☐ HMO contract	k ☐ PPO contract	l ☐ Indemnity contract
m ☐ Other (specify) ▶			

8 Experience-rated contracts		
a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
9 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier		
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		

Specify nature of costs ▶

0 6 0 2 3 0 0 4 0 F

SCHEDULE A (Form 5500)	Insurance Information	Official Use Only
Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974. ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 **2002** **This Form is Open to Public Inspection**

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL	B Three-digit plan number ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	D **Employer Identification Number** 94-3323797

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

NEW YORK LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
13-5582869	66915	27017	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	

5 Contracts With Allocated Funds

a State the basis of premium rates ▶

b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	

Specify nature of costs ▶

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶

b	Balance at the end of the previous year		5473592
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year	320205	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		320205
d	Total of balance and additions (add b and c)		5793797
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶		
	(5) Total deductions		0
f	Balance at the end of the current year (subtract e (5) from d)		5793797

0 6 0 2 3 0 0 3 0 E

Official Use Only

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- a ☐ Health (other than dental or vision)
- b ☐ Dental
- c ☐ Vision
- d ☐ Life insurance
- e ☐ Temporary disability (accident and sickness)
- f ☐ Long-term disability
- g ☐ Supplemental unemployment
- h ☐ Prescription drug
- i ☐ Stop loss (large deductible)
- j ☐ HMO contract
- k ☐ PPO contract
- l ☐ Indemnity contract
- m ☐ Other (specify) ▶

8 Experience-rated contracts

a Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) - (3))

b Benefit charges: (1) Claims paid

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2))

(4) Claims charged

c Remainder of premium: (1) Retention charges (on an accrual basis) –

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶

0 6 0 2 3 0 0 4 0 F

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL	B Three-digit plan number ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	D **Employer Identification Number** 94-3323797

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

NEW YORK LIFE INSURANCE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	Policy or contract year **(g)** To
13-5582869	66915	GA-31288	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	
	Specify nature of costs ▶	
e	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐	

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶

b	Balance at the end of the previous year		5389894
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year	298996	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		298996
d	Total of balance and additions (add **b** and **c**)		5688890
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶ INTEREST AND PRINCIPAL PAYMENT	298996	
	(5) Total deductions		298996
f	Balance at the end of the current year (subtract **e** (5) from **d**)		5389894

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life Insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ►

8 Experience-rated contracts

a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	

Specify nature of costs ►

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number**
94-3323797

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

PACIFIC MUTUAL LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
95-1079000	67466	26651	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

0 6 0 2 3 0 0 2 0 D

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end		
4	Current value of plan's interest under this contract in separate accounts at year end		

5 Contracts With Allocated Funds

a	State the basis of premium rates ▶		
b	Premiums paid to carrier		
c	Premiums due but unpaid at the end of the year		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount		
	Specify nature of costs ▶		

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶

b	Balance at the end of the previous year		8176778
c	Additions: (1) Contributions deposited during the year	96568	
	(2) Dividends and credits		
	(3) Interest credited during the year	644837	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		741405
d	Total of balance and additions (add b and c)		8918183
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶ INTEREST AND WITHDRAWAL	96568	
	(5) Total deductions		96568
f	Balance at the end of the current year (subtract e (5) from d)		8821615

Official Use Only

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life Insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

8 Experience-rated contracts

a Premiums: (1) Amount received
(2) Increase (decrease) in amount due but unpaid
(3) Increase (decrease) in unearned premium reserve
(4) Earned ((1) + (2) - (3))

b Benefit charges: (1) Claims paid
(2) Increase (decrease) in claim reserves
(3) Incurred claims (add (1) and (2))
(4) Claims charged

c Remainder of premium: (1) Retention charges (on an accrual basis) –
(A) Commissions
(B) Administrative service or other fees
(C) Other specific acquisition costs
(D) Other expenses
(E) Taxes
(F) Charges for risks or other contingencies
(G) Other retention charges
(H) Total retention
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement
(2) Claim reserves
(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶

0 6 0 2 3 0 0 4 0 F

SCHEDULE A (Form 5500)	Insurance Information	Official Use Only
Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974. ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 **2002** **This Form is Open to Public Inspection**

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan	B Three-digit plan number ▶
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
BECHTEL BWXT IDAHO, LLC	94-3323797

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
42-0127290	61271	4368421	0	10/01/2002	11/30/2002

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

0 6 0 2 3 0 0 2 0 D

Official Use Only

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	

5 Contracts With Allocated Funds

a State the basis of premium rates ▶

b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	

Specify nature of costs ▶

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other (specify below)

▶

b	Balance at the end of the previous year		2165341
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year	21047	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		21047
d	Total of balance and additions (add b and c)		2186388
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶ PRINCIPAL AND MATURITY PAYMENT	2186388	
	(5) Total deductions		2186388
f	Balance at the end of the current year (subtract e (5) from d)		0

0 6 0 2 3 0 0 0 3 0 E

Official Use Only

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life Insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

8 Experience-rated contracts

a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	

Specify nature of costs ▶

0 6 0 2 3 0 0 4 0 F

SCHEDULE A (Form 5500)	Insurance Information	Official Use Only
Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974. ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 **2002** **This Form is Open to Public Inspection**

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL	B Three-digit plan number ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	D **Employer Identification Number** 94-3323797

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

RABOBANK NEDERLAND

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
13-3036591	00000	129901	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

0 6 0 2 3 0 0 2 0 D

Official Use Only

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	

5 Contracts With Allocated Funds

a State the basis of premium rates ▶

b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	

Specify nature of costs ▶

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other (specify below)
▶

b	Balance at the end of the previous year		20982162
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year	932249	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		932249
d	Total of balance and additions (add b and c)		21914411
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶		
	(5) Total deductions		0
f	Balance at the end of the current year (subtract e(5) from d)		21914411

0 6 0 2 3 0 0 3 0 E

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)	b ☐ Dental	c ☐ Vision	d ☐ Life Insurance
e ☐ Temporary disability (accident and sickness)	f ☐ Long-term disability	g ☐ Supplemental unemployment	h ☐ Prescription drug
i ☐ Stop loss (large deductible)	j ☐ HMO contract	k ☐ PPO contract	l ☐ Indemnity contract
m ☐ Other (specify) ▶			

8 Experience-rated contracts

a Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) - (3))

b Benefit charges: (1) Claims paid

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2))

(4) Claims charged

c Remainder of premium: (1) Retention charges (on an accrual basis) --

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶

0 6 0 2 3 0 0 4 0 F

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number**
94-3323797

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

STATE STREET BANK & TRUST

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
04-1867445	00000	102020(1)	3536	03/28/2003	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals	
Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

0 6 0 2 3 0 0 2 0 D

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	

5 Contracts With Allocated Funds

a State the basis of premium rates ►

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount

Specify nature of costs ►

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ►

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ► ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other (specify below)

►

b	Balance at the end of the previous year		9655251
c	Additions: (1) Contributions deposited during the year	8000000	
	(2) Dividends and credits		
	(3) Interest credited during the year	785916	
	(4) Transferred from separate account		
	(5) Other (specify below) ►		
	(6) Total additions		8785916
d	Total of balance and additions (add b and c)		18441167
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ►		
	(5) Total deductions		0
f	Balance at the end of the current year (subtract e (5) from d)		18441167

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- a ☐ Health (other than dental or vision)
- b ☐ Dental
- c ☐ Vision
- d ☐ Life Insurance
- e ☐ Temporary disability (accident and sickness)
- f ☐ Long-term disability
- g ☐ Supplemental unemployment
- h ☐ Prescription drug
- i ☐ Stop loss (large deductible)
- j ☐ HMO contract
- k ☐ PPO contract
- l ☐ Indemnity contract
- m ☐ Other (specify) ▶

8 Experience-rated contracts

a Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) - (3))

b Benefit charges: (1) Claims paid

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2))

(4) Claims charged

c Remainder of premium: (1) Retention charges (on an accrual basis) –

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number** 94-3323797

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

STATE STREET BANK & TRUST

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
04-1867445	00000	98283	0	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

0 6 0 2 3 0 0 2 0 D

Official Use Only

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end		
4	Current value of plan's interest under this contract in separate accounts at year end		
5	Contracts With Allocated Funds		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier		
c	Premiums due but unpaid at the end of the year		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount		
	Specify nature of costs ▶		
e	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other (specify below) ▶		
b	Balance at the end of the previous year		6124248
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year	200483	
	(4) Transferred from separate account		
	(5) Other (specify below) ▶		
	(6) Total additions		200483
d	Total of balance and additions (add b and c)		6324731
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below) ▶MATURITY PAYMENT	6324731	
	(5) Total deductions		6324731
f	Balance at the end of the current year (subtract e (5) from d)		0

0 6 0 2 3 0 0 3 0 E

Official Use Only

Part III **Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- a ☐ Health (other than dental or vision)
- b ☐ Dental
- c ☐ Vision
- d ☐ Life Insurance
- e ☐ Temporary disability (accident and sickness)
- f ☐ Long-term disability
- g ☐ Supplemental unemployment
- h ☐ Prescription drug
- i ☐ Stop loss (large deductible)
- j ☐ HMO contract
- k ☐ PPO contract
- l ☐ Indemnity contract
- m ☐ Other (specify) ▶

8 Experience-rated contracts

a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) –		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	

Specify nature of costs ▶

0 6 0 2 3 0 0 4 0 F

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D **Employer Identification Number**
94-3323797

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

UBS WARBURG

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
13-3873456	00000	2565	3536	10/01/2002	09/30/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commisions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

0 6 0 2 3 0 0 1 0 C

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

0 6 0 2 3 0 0 2 0 D

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3 Current value of plan's interest under this contract in the general account at year end

4 Current value of plan's interest under this contract in separate accounts at year end

5 Contracts With Allocated Funds

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount

Specify nature of costs ▶

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other (specify below)

▶

b Balance at the end of the previous year		11092929
c Additions: (1) Contributions deposited during the year		
(2) Dividends and credits		
(3) Interest credited during the year	505826	
(4) Transferred from separate account		
(5) Other (specify below) ▶		
(6) Total additions		505826
d Total of balance and additions (add b and c)		11598755
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier		
(3) Transferred to separate account		
(4) Other (specify below) ▶		
(5) Total deductions		0
f Balance at the end of the current year (subtract e (5) from d)		11598755

0 6 0 2 3 0 0 3 0 E

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)	b ☐ Dental	c ☐ Vision	d ☐ Life Insurance
e ☐ Temporary disability (accident and sickness)	f ☐ Long-term disability	g ☐ Supplemental unemployment	h ☐ Prescription drug
i ☐ Stop loss (large deductible)	j ☐ HMO contract	k ☐ PPO contract	l ☐ Indemnity contract
m ☐ Other (specify) ▶			

8 Experience-rated contracts

a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) –		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	

Specify nature of costs ▶

SCHEDULE C
(Form 5500)
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL	B Three-digit plan number ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	**D Employer Identification Number** 94-3323797

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** 3612

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
		CONTRACT ADMINISTRATOR

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
			12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
BECHTEL BWXT IDAHO, LLC	94-3323797	ADMINISTRATION

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
PLAN SPONSOR	0	30497	13

1 0 0 2 3 0 0 1 0 7

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
MARSH USA AGENCY, INC.	75-1322421	OTHER

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	23017	99

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
RUDD & COMPANY	82-0467399	ACCOUNTING

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	12634	10

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
BROBECK, PHLEGER & HARRISON	94-1259588	LEGAL

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	9913	22

Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name ____ (b) EIN ____

(c) Position ____

(d) Address ____

(e) Telephone No. ____

Explanation: ____

(a) Name ____ (b) EIN ____

(c) Position ____

(d) Address ____

(e) Telephone No. ____

Explanation: ____

(a) Name ____ (b) EIN ____

(c) Position ____

(d) Address ____

(e) Telephone No. ____

Explanation: ____

1 0 0 2 3 0 0 3 0 9

Official Use Only

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2002

This Form is Open to Public Inspection.

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D Employer Identification Number 94-3323797

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	b(1)		
(2) Participant contributions	b(2)		
(3) Other	b(3)		
c General investments:			
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	c(1)		
(2) U.S. Government securities	c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	c(3)(A)		
(B) All other	c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	c(4)(A)		
(B) Common	c(4)(B)		
(5) Partnership/joint venture interests	c(5)		
(6) Real estate (other than employer real property)	c(6)		
(7) Loans (other than to participants)	c(7)		
(8) Participant loans	c(8)	11221794	11237012
(9) Value of interest in common/collective trusts	c(9)		
(10) Value of interest in pooled separate accounts	c(10)		
(11) Value of interest in master trust investment accounts	c(11)		
(12) Value of interest in 103-12 investment entities	c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)	299593205	384742089
(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)	173332266	193823359
(15) Other	c(15)		

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		(a) Beginning of Year	(b) End of Year
d Employer-related investments:			
(1) Employer securities	d(1)	5632501	0
(2) Employer real property	d(2)		
e Buildings and other property used in plan operation	e		
f Total assets (add all amounts in lines 1a through 1e)	f	489779766	589802460
Liabilities			
g Benefit claims payable	g		
h Operating payables	h		
i Acquisition indebtedness	i		
j Other liabilities	j		
k Total liabilities (add all amounts in lines 1g through 1j)	k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	l	489779766	589802460

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	a(1)(A)	11936355	
(B) Participants	a(1)(B)	29423686	
(C) Others (including rollovers)	a(1)(C)	1173713	
(2) Noncash contributions	a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		42533754
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)		
(B) U.S. Government securities	b(1)(B)		
(C) Corporate debt instruments:	(1)(C)		
(D) Loans (other than to participants)	b(1)(D)		
(E) Participant loans	b(1)(E)	819265	
(F) Other	b(1)(F)	9651006	
(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)		10470271
(2) Dividends: (A) Preferred stock	b(2)(A)		
(B) Common stock	b(2)(B)	7231	
(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		7231
(3) Rents	b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	55444142	
(B) Aggregate carrying amount (see instructions)	b(4)(B)	56138400	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)		-694258

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		(a) Amount	(b) Total
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)		
(B) Other	b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	b(6)		
(7) Net investment gain (loss) from pooled separate accounts	b(7)		
(8) Net investment gain (loss) from master trust investment accounts	b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)		71881909
c Other income	c		137
d Total income. Add all **income** amounts in column (b) and enter total	d		124199044
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	24093191	
(2) To insurance carriers for the provision of benefits	e(2)		
(3) Other	e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)		24093191
f Corrective distributions (see instructions)	f		
g Certain deemed distributions of participant loans (see instructions)	g		3486
h Interest expense	h		
i Administrative expenses: (1) Professional fees	i(1)		
(2) Contract administrator fees	i(2)		
(3) Investment advisory and management fees	i(3)		
(4) Other	i(4)	79673	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)		79673
j Total expenses. Add all **expense** amounts in column (b) and enter total	j		24176350
Net Income and Reconciliation			
k Net income (loss) (subtract line 2j from line 2d)	k		100022694
l Transfers of assets			
(1) To this plan	l(1)		
(2) From this plan	l(2)		

Part III Accountant's Opinion

3 The opinion of an independent qualified public accountant for this plan is (see instructions):

a **Attached** to this Form 5500 and the opinion is: (1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b **Not attached** because: (1) ☐ the Form 5500 is filed for a CCT, PSA or MTIA.

(2) ☐ the opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

c Also check this box if the accountant performed a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 2520.103-12(d) ☐

d If an accountant's opinion is attached, enter the name and EIN of the accountant (or accounting firm) ►

RUDD & COMPANY, PLLC 82-0467399

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Part IV Transactions During Plan Year

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:		Yes	No	Amount
a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (see instructions and DOL's Voluntary Fiduciary Correction Program)	a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)	b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)	c		X	
d Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach Schedule G (Form 5500) Part III if "Yes" is checked)	d		X	
e Was this plan covered by a fidelity bond?	e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)	i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)	j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?	k		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount ____________

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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Schedule I

IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN

Schedule of Assets Held for Investment Purposes
As of September 30, 2003

Idaho National Engineering and Environmental Laboratory Employee Investment Plan, EIN 94-3323797, PN 001

Attachment to Form 5500, Schedule H, Line 4(i):

	Identity of Issue	Investment Type	Cost	Current Value
*	Lord Abbett Mid Cap Value Fund	Registered Investment Company	$ 1,407,946	$ 1,564,294
*	ING Small Cap	Registered Investment Company	1,639,768	1,561,414
*	Van Kampem Aggressive Growth	Registered Investment Company	1,120,813	1,128,718
*	Vanguard 500 Index Inv	Registered Investment Company	192,706,081	176,948,812
*	Vanguard Asset Allocation Fund	Registered Investment Company	68,898,836	63,325,258
*	Vanguard Capital Opportunity	Registered Investment Company	11,038,277	11,454,142
*	Vanguard Int'l Growth Fund	Registered Investment Company	4,847,264	4,144,082
*	Vanguard Morgan Growth Inv	Registered Investment Company	11,914,551	9,383,967
*	Vanguard Prime Money Mkt	Registered Investment Company	6,316,051	6,316,051
*	Vanguard PRIMECAP Fund	Registered Investment Company	81,222,754	69,169,282
*	Vanguard Total Bond Mkt Index	Registered Investment Company	19,575,375	19,915,245
*	Vanguard Windsor II Fund Inv	Registered Investment Company	15,289,282	14,456,192
*	Loan Fund	5.5% - 10.5%	11,237,012	11,237,012
*	INEEL Stable Value Fund	Unallocated Insurance Contract	199,197,991	199,197,991
	Total assets held for investment purposes		$ 626,412,001	$ 589,802,460

* Party in Interest

SCHEDULE P
(FORM 5500)

Department of the Treasury
Internal Revenue Service

Annual Return of Fiduciary of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

► File as an attachment to Form 5500 or 5500-EZ.

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection.

For trust calendar year 2002 or fiscal year beginning 10/01/2002 , and ending 09/30/2003 ,

1a Name of trustee or custodian

VANGUARD FIDUCIARY TRUST COMPANY

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

100 VANGUARD BOULEVARD

c City or town, state, and ZIP code

MALVERN PA 19355

2a Name of trust
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE

b Trust's employer identification number 23-2186884

3 Name of plan if different from name of trust

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)? .... ☒ Yes ☐ No

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ .... ► 94-3323797

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

SIGN HERE Signature of fiduciary ► Date ► 10/29/03

For the Paperwork Reduction Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ. v5.0 **Schedule P (Form 5500) 2002**

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Official Use Only

SCHEDULE T
(Form 5500)

Department of the Treasury
Internal Revenue Service

Qualified Pension Plan Coverage Information

This form is required to be filed under section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2002

This Form is Open to Public Inspection.

For calendar year 2002 or fiscal plan year beginning 10/01/2002 , and ending 09/30/2003 ,

A Name of plan
IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BECHTEL BWXT IDAHO, LLC

D Employer Identification Number
94-3323797

Note: If the plan is maintained by:

- More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instruction for line 1).
- An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instruction for line 2).

1 If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

1a Name of participating employer

1b Employer identification number

2 If the employer maintaining the plan operates QSLOBs, enter the following information:

a The number of QSLOBs that the employer operates is ______________.

b The number of such QSLOBs that have employees benefiting under this plan is ______________.

c Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis? . . . ☐ Yes ☐ No

d If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information given on line 3 or 4 relates.
▶

3 Exceptions -- Check the box before each statement that describes the plan or the employer. Also see instructions.
If you check any box, do not complete the rest of this Schedule.

a ☐ The employer employs only highly compensated employees (HCEs).

b ☐ No HCEs benefited under the plan at anytime during the plan year.

c ☐ The plan benefits only collectively-bargained employees.

d ☒ The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.

e ☐ The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).

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Form **5558**
(Rev. June 2001)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Paperwork Reduction Act Notice, see instructions on back.

OMB No. 1545-0212

File With IRS Only

File before the normal due date of the Form 5500, 5500-EZ, or 5330 (see instructions)

Name of filer, plan administrator, or plan sponsor (see instructions)
Bechtel BWXT Idaho, LLC
Number, street, and room or suite no. (If a P.O. box, see instructions.)
PO Box 1625
City or town, state, and ZIP code
Idaho Falls, ID 83415-3200

Filer's identifying Number—Check applicable box and enter number (see instructions).
☒ Employer identification number (EIN). Filers checking box 1a must enter an EIN. All other filers, see Specific Instructions.
▶ 94-3323797 OR
☐ Social security number (see Specific Instructions)
▶

1 I request an extension of time until 7 / 15 / 2004 (month / day / year) to file (check appropriate box(es)).

a ☒ **Form 5500 or 5500-EZ (no more than 2½ months).**

The application **is automatically approved** to the date shown on line 1 (above) if: (1) box 1a is checked, (2) the Form 5558 is signed and filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (3) the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed below.

b ☐ **Form 5330 (no more than 6 months).** Payment amount attached is $ ______ (see instructions)

2 Complete the following for the plan(s) covered by this application (see **How To File**):

Plan name/filer	Type of plan (check)			Plan number	Plan year ending		
	Pension	Welfare	Fringe		Month	Day	Year
Idaho National Engineering and Environmental Laboratory Employee Investment Plan	X			0 0 1	9	30	2003

3 State in detail why you need the extension (if line 1b is checked) ______

Under penalties of perjury, I declare that to the best of my knowledge and belief the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ Kurt CPA Date ▶ 4/19/2004

Notice to Applicant

To Be Completed by the IRS if Line 1b Is Checked

To Be Completed by the IRS if line 1b is checked ▼

☐ This application for extension to file Form 5330 **IS** approved to the date shown on line 1, if line 1b is checked. (You **must attach an approved copy of this form to each Form 5330 that was granted an extension.)**

☐ The date entered on line 1 is more than the 6-month maximum time allowed for Form 5330. This application is approved to ______ **(You must attach an approved copy of this form to each Form 5330 that was granted an extension.)**

☐ The application for an extension for Form 5330 is **not** approved, because it was filed after the normal due date of the return. **(A 10-day grace period is not granted.)**

☐ This application for an extension for Form 5330 is **not** approved, because
☐ The application was not signed.
☐ No reason was given on this application or the reason was not acceptable.
☐ No payment was attached for the tax due on Form 5330.
☐ Other ▶ ______

A 10-day grace period is granted from the date shown below or the due date of the return, whichever is later. **(You must attach a copy of this form to each return you file that is granted a grace period.)**

______ (Date) ______ (Director) By: ______

Applicants for extension of Form 5330: Complete if you want this Form 5558 returned to an address other than the address shown above.

Please Print or Type

Name
Number, street, and room or suite no. (If a P.O. box, see instructions.)
City or town, state, and ZIP code

Official Use Only

4 Enter the date the plan year began for which coverage data is being submitted. Month _____ Day _____ Year _____

a Did any leased employees perform services for the employer at any time during the plan year? ☐ Yes ☐ No

b In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? ☐ Yes ☐ No

c Complete the following:

(1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals — c(1)

(2) Number of excludable employees as defined in IRS regulations (see instructions) — c(2)

(3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1)) — c(3)

(4) Number of nonexcludable employees (line 4c(3)) who are HCEs — c(4)

(5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan — c(5)

(6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs — c(6)

d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) ▶ ______ d ______ %

e Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions).

	Disaggregated part:	Ratio Percentage:	Exception:
(1)			
(2)			
(3)			

f This plan satisfies the coverage requirements on the basis of (check one): (1) ☐ the ratio percentage test (2) ☐ average benefit test

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Rudd & Company PLLC
Certified Public Accountants • Business Consultants

IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN

FINANCIAL STATEMENTS WITH INDEPENDENT AUDITORS' REPORT

YEARS ENDED SEPTEMBER 30, 2003 AND 2002

TABLE OF CONTENTS

Rudd & Company PLLC
Certified Public Accountants • Business Consultants

INDEPENDENT AUDITORS' REPORT

To the INEEL Employee Retirement and Investment Plans Committee
Idaho National Engineering and Environmental Laboratory
Employee Investment Plan
Idaho Falls, Idaho

We have audited the accompanying statements of net assets available for benefits of the Idaho National Engineering and Environmental Laboratory Employee Investment Plan (the Plan) as of September 30, 2003 and 2002, and the related statements of changes in net assets available for plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Idaho National Engineering and Environmental Laboratory Employee Investment Plan as of September 30, 2003 and 2002, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements, but is information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. This supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

January 15, 2004

Rudd & Company

P. O. Box 1895 • 725 South Woodruff Avenue • Idaho Falls, ID 83403-1895 • 208-529-9276, FAX 208-523-1406 • www.ruddco.com

IDAHO FALLS • REXBURG • DRIGGS • JACKSON • BOZEMAN • WEST YELLOWSTONE

IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY
EMPLOYEE INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30,

	2003	2002
INVESTMENTS, (At Fair Value):		
Registered Investment Companies:		
Lord Abbett Mid Cap Value Fund	$ 1,564,294	$ --
Van Kampen Aggressive Growth Fund	1,128,718	614,232
ING Small Cap Opportunities Fund	1,561,414	851,972
Vanguard 500 Index Fund	176,948,812	140,876,068
Vanguard Asset Allocation Fund	63,325,258	52,385,636
Vanguard Capital Opportunity Fund	11,454,142	3,864,965
Vanguard International Growth Fund	4,144,082	2,835,625
Vanguard Morgan Growth Fund	9,383,967	6,898,205
Vanguard Prime Money Market Fund	6,316,051	7,274,257
Vanguard PRIMECAP Fund	69,169,282	48,622,796
Vanguard Total Bond Market Index Fund	19,915,245	16,172,362
Vanguard Windsor II Fund	14,456,192	11,418,587
	379,367,457	291,814,705
LOCKHEED MARTIN STOCK FUND	--	5,632,501
LOANS RECEIVABLE, Participants	11,240,498	11,223,039
INVESTMENTS, at contract value		
INEEL Stable Value Fund	199,197,991	181,110,766
TOTAL INVESTMENTS	589,805,946	489,781,011
TOTAL ASSETS	589,805,946	489,781,011
NET ASSETS AVAILABLE FOR BENEFITS	$ 589,805,946	$ 489,781,011

The Accompanying Notes are an Integral Part
of the Financial Statements.

IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY
EMPLOYEE INVESTMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30,

	2003	2002
ADDITIONS:		
Investment Income:		
Interest and Dividend Income	$ 15,615,230	$ 16,643,010
Miscellaneous	137	66,546
Net Realized and Unrealized Depreciation in Current Value of Investments	66,049,923	(68,056,556)
	81,665,290	(51,347,000)
Contributions:		
Employer Contributions	11,936,355	12,083,167
Participant Contributions	30,597,399	28,852,218
	42,533,754	40,935,385
	124,199,044	(10,411,615)
DEDUCTIONS:		
Benefit Payments	24,094,436	39,941,604
Administrative Expenses	79,673	92,404
	24,174,109	40,034,008
NET INCREASE (DECREASE)	100,024,935	(50,445,623)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	489,781,011	540,226,634
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 589,805,946	$ 489,781,011

The Accompanying Notes are an Integral Part
of the Financial Statements.

IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY
EMPLOYEE INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2003

1. DESCRIPTION OF PLAN

The following description of the Idaho National Engineering and Environmental Laboratory Employee Investment Plan provides only general information. Participants should refer to the Plan document or summary plan description for a more complete description of the Plan's provisions.

General

The Idaho National Engineering and Environmental Laboratory Employee Investment Plan (the Plan) is a defined contribution plan. The Plan is sponsored by Becntel BWXT Idaho, LLC.

Effective October 1, 1999 all existing employees and any employees hired on or after October 1, 1999 are eligible to participate in the Plan upon their employment date. Prior to October 1, 1999 employees became eligible to participate upon completion of one year of service.

Contributions

Effective January 1, 2003 participants in the Plan may contribute up to 50% of their yearly compensation to the Plan, prior to January 1, 2003 participants in the Plan could contribute up to 20% of their yearly compensation to the Plan with the Plan sponsor contributing an amount equal to 60% of the total participant after-tax and 401(k) deferrals that are eligible to receive company matching contributions. The maximum amount of participant contributions that are eligible to receive company matching contributions is 8% of participant earnings. Only participant after-tax contributions and participant 401(k) deferrals by an active participant with at least one year of vesting service shall be eligible to share any company matching contributions.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the company's contribution, plan earnings and charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (Continued)

Vesting

A participant is immediately vested in participant after-tax contributions, rollovers, and 401(k) salary deferrals. Vesting in the Company matching contribution is based upon years of continuous service and commences after two years of service and increases annually in 25% increments until participants become fully vested after completing 5 years of cumulative service.

Loans

During a period of covered service, a participant may borrow from his participant account, subject to rules and procedures set forth in the loan policy approved by the committee and specific guidelines as outlined within the Plan document.

Other

The Plan is administered by the INEEL Employee Retirement and Investment Plans Committee.

Investment Options

During the Plan year ending September 30, 2003, participants were able to allocate their contributions among the following investment options:

Lord Abbett Mid Cap Value Fund: Seeks capital appreciation through investments, primarily in equity securities, which are believed to be undervalued in the marketplace.

Van Kampen Aggressive Growth Fund: Seeks capital growth by investing primarily in common stock and other equity securities of small and medium sized growth companies.

ING Small Cap Opportunity Fund: Seeks long-term capital appreciation by investing primarily in equity securities of small U.S. companies that have above average prospects for earnings growth.

Vanguard 500 Index Fund: Seeks to provide long-term growth of capital and income from dividends by holding all of the 500 stocks that make up the unmanaged Standard & Poor's 500 Composite Stock Price Index, a widely recognized benchmark of U.S. stock market performance.

Vanguard Asset Allocation Fund: Seeks to provide long-term growth of capital and income by investing in common stocks, long-term U.S. Treasury bonds, and money market instruments. The mix of assets changes from time to time, depending on which mix appears to offer the best combination of expected returns and risk.

1. DESCRIPTION OF PLAN (Continued)

Vanguard Capital Opportunity Fund: Seeks maximum long-term total return by investing primarily in stocks of medium and small capitalization companies expected to have above average growth of earnings.

Vanguard International Growth Fund: Seeks to provide long-term growth of capital by investing in stocks of high-quality, seasoned companies based outside the United States. Stocks are selected from more than 15 countries.

Vanguard Morgan Growth Fund: Seeks long-term growth of capital by investing primarily in stocks of large and mid-sized companies that have strong records of growth in sales and earnings or that have performed well during certain market cycles.

Vanguard Prime Money Market Fund: Seeks to provide high income and a stable share price of $1 by investing in short-term, high-quality money market instruments issued by financial institutions, nonfinancial corporations, the U.S. government, and federal agencies.

Vanguard PRIMECAP Fund: Seeks long-term growth of capital by investing in stocks of companies with above-average prospects for continued earnings growth, strong industry positions, and skilled management teams.

Vanguard Total Bond Market Index Fund: Seeks to provide a high level of interest income by attempting to match the performance of the unmanaged Lehman Brothers Aggregate Bond Index, which is a widely recognized measure of the entire taxable U.S. bond market.

Vanguard Windsor II Fund: Seeks to provide long-term growth of capital and income from dividends by investing in a diversified group of out-of-favor stocks of large-capitalization companies. The stocks generally sell at prices below the overall market average compared to their dividend income and future income and future return potential.

INEEL Stable Value Fund: The INEEL Stable Value Fund seeks to provide relatively stable returns, current income, and preservation of principal. The fund is designed to maintain a stable share value of $1. The fund invests in investment contracts issued and backed by financial institutions.

Forfeitures

Provisions of the Plan provide that upon termination of employment, participants are entitled to receive their contributions and their vested portion of the Plan Sponsor's contributions. In the event of termination of employment prior to five years of cumulative service for any reason other than retirement, death, or disability, a participant forfeits a portion of his or her balance of the Plan Sponsor's contributions. Any amount so forfeited is to be used by the Plan Sponsor as described in the Plan document

1. DESCRIPTION OF PLAN (Continued)

Plan Termination

In the event of termination of the Plan, the amount received by a particular participant will depend on the circumstances surrounding the Plan termination as described in the Plan document. In no event will the Plan Sponsor receive any portion of the Plan's assets.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies, which conform with generally accepted accounting principles, have been used consistently in the preparation of the Plan's financial statements.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, unless otherwise stated. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. The Company stock fund is valued at its year-end unit closing price (comprised of year-end market price plus uninvested cash position). Participant loans are valued at cost which approximates fair value.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Administrative Expenses

All Plan administrative expenses are paid by the Plan. During fiscal year 2003, investment advisory fees for portfolio management of Vanguard funds were paid directly from fund earnings and not reflected as a deduction from plan assets.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results may differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefits are recorded when paid.

3. INCOME TAX STATUS

The Plan obtained a favorable determination letter in September of 2003, in which the Internal Revenue Service stated that the plan, as then designed and subject to the adoption of certain proposed amendments, which were adopted in October of 1999 and September of 2002, was in compliance with the applicable requirements of the Internal Revenue Code.

Therefore, the Plan is qualified and the related trust is tax-exempt under Internal Revenue Code Section 501(a) as of the financial statement date.

4. INVESTMENTS

The following presents investments at September 30, 2003 and 2002 that represent 5% or more of the Plan's net assets.

	2003	2002
Vanguard 500 Index Fund	$ 176,948,812	$ 140,876,068
Vanguard Asset Allocation Fund	63,325,258	52,385,636
Vanguard PRIMECAP Fund	69,169,282	48,622,796
INEEL Stable Value Fund	199,197,991	181,110,766

During the year ended September 30, 2003 and 2002, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2003	2002
Mutual Funds	$ 66,744,181	$ (70,585,378)
Equities	(694,258)	2,528,822
	$ 66,049,923	$ (68,056,556)

5. RELATED PARTY TRANSACTIONS

The Plan invests in shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company ("VFTC"). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at September 30, 2003 and 2002 to Form 5500:

	2003	2002
Net Assets Available for Benefits per the Financial Statements	$ 589,805,946	$ 489,781,011
Payments on Participant Loans	(3,486)	(1,245)
Net Assets Available for Benefits per the Form 5500	$ 589,802,460	$ 489,779,766

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended September 30, 2003 to Form 5500:

Benefit Payments to Participants per the Financial Statements	$ 24,094,436
Deemed Distributions on Participant Loans	2,241
Benefit Payments to Participants per Form 5500	$ 24,096,677

SUPPLEMENTAL SCHEDULES

IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY
EMPLOYEE INVESTMENT PLAN
SCHEDULE H, LINE 4i EIN 82-0334143 PN 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
SEPTEMBER 30, 2003

(a)	(b) Identity of Issue Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Lord Abbett Mid Cap Value Fund	Registered Investment Co.	**	$ 1,564,294
*	Van Kampen Agg Gwth Fund	Registered Investment Co.	**	1,128,718
*	ING Sm Cp Opp Fund	Registered Investment Co.	**	1,561,414
*	Vanguard 500 Index Fund	Registered Investment Co.	**	176,948,812
*	Vanguard Asset Alloc Fund	Registered Investment Co.	**	63,325,258
*	Vanguard Captl Opp Fund	Registered Investment Co.	**	11,454,142
*	Vanguard Int'l Growth Fund	Registered Investment Co.	**	4,144,082
*	Vanguard Morgan Growth	Registered Investment Co.	**	9,383,967
*	Vanguard Prime Money Mkt	Registered Investment Co.	**	6,316,051
*	Vanguard PRIMECAP Fund	Registered Investment Co.	**	69,169,282
*	Vanguard Ttl Bond Mkt Idx	Registered Investment Co.	**	19,915,245
*	Vanguard Windsor II Fund	Registered Investment Co.	**	14,456,192
*	Participant Loans	5.0% - 10.5%	**	11,240,498
*	INEEL Stable Value Fund	Unallocated Insurance	**	199,197,991
				$ 589,805,946

*A party-in-interest as defined by ERISA
**Cost omitted for participant directed investments

See Independent Auditors' Report

IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY
EMPLOYEE INVESTMENT PLAN
SCHEDULE H, LINE 4j EIN 82-0334143 PN 001
SCHEDULE OF REPORTABLE TRANSACTIONS*
YEAR ENDED SEPTEMBER 30, 2003

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Trans Date	(i) Net Gain (Loss)
The Vanguard Group	Vanguard 500 Index Fund	$ 39,123,672	$ --	$ --	$ --	$ --	$ 39,123,672	$ --
The Vanguard Group	Vanguard 500 Index Fund	--	34,266,392	--	--	38,915,315	34,266,392	(4,648,923)
The Vanguard Group	Vanguard PRIMECAP Fund	20,375,314	--	--	--	--	20,375,314	--
The Vanguard Group	Vanguard PRIMECAP Fund	--	15,903,163	--	--	20,123,394	15,903,163	(4,220,231)
The Vanguard Group	INEEL Stable Value Fund	68,585,869	--	--	--	--	68,585,869	--
The Vanguard Group	INEEL Stable Value Fund	--	50,498,646	--	--	50,498,646	50,498,646	--
The Vanguard Group	Vanguard TTL Bond Mkt Indx	17,441,776	--	--	--	--	17,441,776	--
The Vanguard Group	Vanguard TTL Bond Mkt Indx	--	13,754,309	--	--	13,683,034	13,754,309	71,275

See Independent Auditors' Report